



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Robyn Ganly

Email Address: rlganly@stvincent.org

Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7378486
Outpatient Patient Service Revenue	\$53631262
Total Gross Patient Service Revenue	\$61009748

2. Deductions From Revenue

Contractual Allowance	\$37879880
Other Deductions	\$4047643
Total Deductions	\$41927523

3. Total Operating Revenue

Net Patient Service Revenue	\$19082225
Other Operating Revenue	\$208829
Total Operating Revenue	\$19291054

4. Operating Expenses

Salaries and Wages	\$5739300	Employee Benefits	\$1665764
Depreciation and Amortization	\$717467	Interest Expense	\$265998
Bad Debt	\$0	Other Expenses	\$9941403
Total Operating Expenses	\$18329932		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$961122	Total Assets	\$14477688
Net Non-operating Gains over Loss	\$-16231	Total Liabilities	\$11729865

Total Net Gains	\$944891
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25745154	\$17263050	\$8482104
Medicaid	\$16261563	\$14303132	\$1958431
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19003031	\$6313698	\$12689333
Total	\$61009748	\$37879880	\$23129868

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$55169	\$33465	\$21704

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$14108	\$-14108
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$66826	\$-66826

Number of Medical Professionals Trained	12
Number of Hospital Patients Educated	433
Number of Citizens Exposed to Health Education Messages	408

Statement Six: Charity Statement

Hospital Charity Charges	\$3635011
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1051982	
HCI Payments	\$0		
Subtotal	\$0	\$1051982	\$-1051982
Medicaid Shortfalls	\$0	\$3316445	
Subtotal	\$0	\$4368427	\$-4368427
DSH Payments	\$0		
Subtotal	\$0	\$4368427	\$-4368427
Medicare Shortfalls	\$0	\$-74507	
Other Government Programs	\$0	\$0	
Total	\$0	\$4293920	\$-4293920

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$80934	\$-80934
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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